

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-505 - St. Cloud/Central Minnesota CoC

CoC Lead Organization Name: Central MN Housing Partnership, Inc.

1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Central Continuum of Care Advisory Committee

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: 64%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

*** Indicate the selection process of group members:**
(select all that apply)

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input checked="" type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Group members either volunteer themselves to become a member or they are assigned by their organization to participate. New members are offered a "new member orientation" when they join the Central Minnesota Continuum of Care Advisory Committee.

*** Indicate the selection process of group leaders:
(select all that apply):**

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Yes, Central MN Housing Partnership (CMHP) has experience providing project oversight and monitoring on several different housing projects. CMHP would need to have contract authority to hold organizations and partners accountable for projects.

1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Central Continuum of Care Advisory Committee	This group, consisting of approximately 45 organizations in Central Minnesota, addresses CoC-wide planning involving project review and selection, completion of the Exhibit 1 application, 10-year plan coordination, and conducting the point-in-time count as well as the Wilder Survey and the Annual Homeless Assessment Report. This group meets on the first Tuesday of every month. While completing the Exhibit 1 application, there are additional review meetings scheduled.	Monthly or more
Heading Home Minnesota Executive Team	The Central CoC is in attendance during every Heading Home Executive Team meeting, which meets monthly. This committee addresses 10-year plan coordination. All 10-year plan coordinators in the State of Minnesota are brought together during this time to discuss their plans as well as best practices.	Monthly or more
Homeless Prevention Rapid Re-Housing Advisory Committee	The Homeless Prevention Rapid Re-Housing (HPRP) Advisory Committee was first organized in September of 2009. This committee addresses the HPRP stimulus funding, which was awarded to the Tri-County Action Program (Tri-CAP) in St. Cloud, Minnesota in collaboration with Catholic Charities of St. Cloud, Central Minnesota Re-Entry Project, and Central Minnesota Task Force on Battered Women. Tri-CAP was awarded \$1,100,000 to cover the city of St. Cloud and the counties of Benton, Sherburne, and Stearns. This Advisory Committee, which meets monthly, will focus on discharge planning, youth, domestic violence, and households who need assistance with rent and utilities in order to get on their feet again.	Monthly or more
Family Homeless Prevention and Assistance Program (FHPAP) Advisory Committee	The Central CoC is in attendance for two FHPAP Advisory Committees, one being in the city of St. Cloud and the other in Mora, Minnesota. During meetings, the Central CoC will give an update regarding project review and selection, completion of Exhibit 1 application, point-in-time count, Wilder survey, Annual Homeless Assessment Report, and 10 year plan coordination. The FHPAP Advisory Committee will focus on their state FHPAP funds, which comes from Minnesota Housing as well as important topics such as discharge planning, disaster planning, mental disabilities, chemical dependency, youth, and senior citizens.	Bi-monthly

Continuum of Care Coordinators Committee	The CoC Coordinators, along with State staff and HUD representatives, will meet on a monthly basis to coordinate best practices involving the Exhibit 1 competition, point-in-time count, Wilder survey, Annual Homeless Assessment Report, discharge planning, disaster planning, along with any other current needs in the State of Minnesota. CoC Coordinators will find this meeting to be very beneficial for their coordinating responsibilities.	Monthly or more
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If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Department of Human Services	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Housing Finance Agency	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
USDA Rural Development	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Greater Minnesota Housing Fund	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Central Minnesota Jobs and Training	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Cloud Veterans Administration Medical Center	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Veterans
Morrison County Social Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Mille Lacs County Family Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Wright County Human Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Stearns County Human Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Cloud HRA	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Brainerd HRA	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months	NONE
Morrison County HRA	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Todd County HRA	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Tri-County Community Action Agency	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Central Minnesota Housing Partnership	Private Sector	Non-pro..	Lead agency for 10-year plan	NONE
Housing Coalition of the St. Cloud Area	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...

Catholic Charities	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Rural AIDS Action Noteworthy	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS
Wright County Community Action Council	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Tri-CAP	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Ottertail Wadena CAC	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE
Bi-County CAP, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth, Domes..
Volunteers of America	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Rum River Health Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Lakes Area Habitat for Humanity	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Salvation Army - St. Cloud	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Legal Aid	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
New Pathways, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Dream Center of St. Cloud	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Place of Hope	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Minnesota Coalition on Homelessness	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
St. Cloud Hospital and Support for Stability an...	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Central Minnesota Council on Aging	Private Sector	Non-pro..	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lakes and Pines CAC, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	NONE

Sherburne County Social Services	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
St. Cloud Area School District 742	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Hands of Hope	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Anna Marie's Alliance	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Center City Housing, Inc.	Private Sector	Businesses	Attend Consolidated Plan planning meetings during past 12...	NONE
L.I.F.E. In Recovery	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Reach-Up, Inc.	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Lutheran Social Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Youth
Minnesota Assistance Council for Veteran's	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Veterans
Amherst H. Wilder Foundation - HMIS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)

f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

g. Site Visit(s), b. Review CoC Monitoring Findings, e. Review HUD APR for Performance Results, k. Assess Cost Effectiveness, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply)

a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

1. Catholic Charities NW Outreach (Tri-CAP) - No longer has hotel/motel vouchers.
2. Hands of Hope now has 7 units for households with children rather than 6 units.
3. New Pathways Interfaith Hospitality Network was incorrectly placed under emergency shelter in 2008.
4. Place of Hope's Church of the Week program now has up to 75 seasonal beds rather than 25 beds
5. Added the Dream Center of St. Cloud - This project was not included in the 2008 Housing Inventory Chart and it should have been.
6. Added Mille Lacs Band Women's Project - This project was not included in the 2008 Housing Inventory Chart and it should have been.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

1. Bi-CAP, Inc. now has 16 beds rather than 30 beds for households with children.
2. Catholic Charities Domus Project now has 24 beds and 16 units for households with children rather than 16 beds and 8 units.
3. Catholic Charities SHY program has 24 beds rather than 10.
4. Added L.I.F.E. In Recovery - This project was not included in the 2008 Housing Inventory Chart and it should have been.
5. Added PEARL Crisis Center - This project was not included in the 2008 Housing Inventory Chart and it should have been.
6. Added Dream Center of St. Cloud's Hospitality Housing - This project was not included in the 2008 Housing Inventory Chart and it should have been.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Added 4 projects that are currently under development. River Crest Apartments will have 40 beds for households without children - 5 of the 40 beds will be set aside as chronically homeless beds. Grand Oaks Court Townhomes of Baxter, River Rock Townhomes, and Normandy Townhomes will have a combined 16 units set aside for Long Term Homeless units, which will be set up with support services. Sarah's Place (Housing Coalition of the St. Cloud area) has only 14 beds for households without children rather than 28. Sarah's Place also does not have 5 beds set aside for the chronically homeless anymore due to no longer receiving HUD funding so our chronically homeless bed inventory has decreased by 5.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document. Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 Housing Inve...	11/12/2009

Attachment Details

Document Description: 2009 Housing Inventory Chart

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/28/2009
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: Housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Follow-up, Instructions, Updated prior housing inventory information, Training, HMIS
(select all that apply)

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

We used the methods to determine subpopulations from the 2006 Wilder Foundation survey and applied it to the data gathered from our point-in-time count, which took place on January 28, 2009, to confirm unmet need. We also look at the housing inventory chart along with HMIS data to confirm unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MN-501 - Saint Paul/Ramsey County CoC, MN-510 - Scott, Carver Counties CoC, MN-505 - St. Cloud/Central Minnesota CoC, MN-508 - Moorhead/West Central Minnesota CoC, MN-511 - Southwest Minnesota CoC, MN-500 - Minneapolis/Hennepin County CoC, MN-504 - Northeast Minnesota CoC, MN-512 - Washington County CoC, MN-506 - Northwest Minnesota CoC, MN-503 - Dakota County CoC, MN-507 - Coon Rapids/Anoka County CoC, MN-502 - Rochester/Southeast Minnesota CoC, MN-509 - Duluth/Saint Louis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): 02/01/2004
(format mm/dd/yyyy)

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: Inability to integrate data from providers with legacy data systems, Other, Inadequate resources
(select all the apply):

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

The CoC currently does not have a plan to address the issue of inadequate resources for HMIS. Currently, many organizations and funding sources are facing cut-backs in Minnesota, making it an extremely difficult time to secure additional resources. Similarly, the CoC does not have short-term plans for providing incentives for non-mandated providers to participate in HMIS, although the CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation to obtaining HUD homeless assistance dollars for our region. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name Amherst H. Wilder Foundation

Street Address 1 451 Lexington Parkway North

Street Address 2

City Saint Paul

State Minnesota

Zip Code 55104

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:

First Name Craig

Middle Name/Initial

Last Name Helmstetter

Suffix

Telephone Number: 651-280-2700
(Format: 123-456-7890)

Extension

Fax Number: 651-280-3700
(Format: 123-456-7890)

E-mail Address: cdh@wilder.org

Confirm E-mail Address: cdh@wilder.org

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	76-85%
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage? Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	1%	14%
* Date of Birth	0%	0%
* Ethnicity	1%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	1%	0%
* Disabling Condition	1%	0%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	2%	8%
* Name	0%	4%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

Did the CoC or subset of CoC participate in AHAR 4? Yes

Did the CoC or subset of CoC participate in AHAR 5? Yes

How frequently does the CoC review the quality of client level data? Quarterly

How frequently does the CoC review the quality of program level data? Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders follow up with agencies whose reports show poor data quality. The HMIS Lead Organization (Wilder) staffs an HMIS help desk during business hours. Also, this past year, Wilder began using a "bed utilization tool" designed by Abt Associates to help find inaccurate data entry and has worked with agencies to clean up data that appears to be of low quality. We have one provider that refused to clean up their missing data and that is the Housing Coalition of the St. Cloud area.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date, nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains a problem for some participating agencies. Additionally, over the past year, Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Never

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/01/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	27	39	6	72
Number of Persons (adults and children)	78	112	33	223
Households without Dependent Children				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	14	39	62	115
Number of Persons (adults and unaccompanied youth)	85	68	75	228
All Households/ All Persons				
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	41	78	68	187
Total Persons	163	180	108	451

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	73	29	102
* Severely Mentally Ill	37	66	103
* Chronic Substance Abuse	70	24	94
* Veterans	36	15	51
* Persons with HIV/AIDS	2	2	4
* Victims of Domestic Violence	105	20	125
* Unaccompanied Youth (under 18)	6	41	47

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: 01/27/2010
(mm/dd/yyyy)

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers: Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS: The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation: The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:

(Select all that apply):

Survey Providers:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Extrapolation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

The Minnesota Department of Human Services - Office of Economic Opportunity conducted a count of persons in emergency and transitional housing programs on January 28, 2009 and asked for information on number of households, children, adults, families, unaccompanied youth, and subpopulations.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The previous point-in-time count was conducted on January 31, 2007. The number of households as well as number of persons are less in 2009 for households with dependent children in emergency shelters but are greater in transitional housing. As for households without dependent children, the 2009 count shows there is a decrease in number of households and number of persons in emergency shelters as well as transitional housing. Contributing factors as to why transitional housing use by households with dependent children in Central MN are up compared to the 2007 count, would be job loss and foreclosure. The decrease in numbers for households with dependent children living in transitional housing and households without dependent children living in emergency shelters and transitional housing shows that Central MN is increasing its resources in these areas and is able to assist more people into permanent supportive housing as an overall goal.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encouraged to use the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy:	<input type="checkbox"/>
Provider expertise:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

The Minnesota Department of Human Services - Office of Economic Opportunity conducted a count of persons in emergency and transitional housing programs on January 28, 2009 and asked for information on number of households, children, adults, families, unaccompanied youth, and subpopulations.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

The previous point-in-time count was conducted on January 31, 2007. The subpopulations that have increased when compared to the 2009 count are the chronically homeless, chronic substance abusers, and victims of domestic violence. The subpopulations that have decreased when compared to the 2009 count are the severely mentally ill, veterans, persons with HIV/AIDS, and the unaccompanied youth. The greatest increase in subpopulations is the victims of domestic abuse. A contributing factor with the increase in this subpopulation is the change of routine in the household. Households are struggling financially and many are laid off from work and this stress is resulting in domestic abuse. A contributing factor to the increase in chronically homeless would be the fact that more and more individuals are finding it difficult to get out of homelessness because the unemployment percentage has increased significantly within the past two years and homeless individuals who are seeking employment are unsuccessful, which will result in them continuing their chronically homeless status. Chronic substance abuse is up by 6 individuals and a contributing factor to that would be the fact that substance abuse is very prevalent while people are experiencing homelessness. The greatest decrease in subpopulation data happens to be those who reported being severely mentally ill, followed by veterans, and unaccompanied youth.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	<input type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see
 ¿A Guide to Counting Unsheltered Homeless People¿ at:
http://www.hudhre.info/documents/counting_unsheltered.pdf.

**Indicate the method(s) used to count unsheltered homeless persons:
 (select all that apply)**

Public places count:	<input type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

The Central MN CoC spent some time discussing reducing duplication and together we decided to add a few questions at the end of each survey to help us not count the same person more than once. We asked what year the individual was born, the initial of their first name, and their middle name. By asking the individual these three questions, the survey remains anonymous and when surveys are counted there will be less duplication.

Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

The Central MN CoC region will reduce the number of unsheltered homeless households with dependent children, by utilizing state resources such as the Family Homeless Prevention and Assistance Program, the Homeless Prevention and Rapid Re-Housing stimulus funds, and Long Term Homeless resources. The Central MN CoC will be conducting the point-in-time count annually rather than every other year. This will help service providers and funders get a true sense, every year, as to how many homeless families who have dependent children are homeless. This will result in possible funding opportunities for new projects and to continue funding for those that serve this population successfully.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Central Minnesota has a Projects for Assistance in Transition from Homelessness (PATH), a federal grant to assist people who are homeless and sleeping on the streets and other places not meant for human habitation. Mental health workers provide outreach and services to meet the needs of the people who are homeless and severely mentally ill. Central Minnesota also has a large Veterans Affairs Medical Center that provides outreach and services to homeless veterans. Central Minnesota has youth providers that regularly engage with homeless youth to provide housing and services. Economic conditions (e.g. foreclosure crisis) along with a low vacancy rate have made it more difficult to secure permanent housing.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The 2009 point-in-time count, which was conducted on January 28, 2009, shows there were less households with dependent children than in the 2007 count. However, even though there were 5 less households than in 2007, there were the same amount of individuals within those families, which tells us that there are large families with children who are under the category of unsheltered homeless. We saw a decline in families because of the resources available in Central MN during January of 2009 such as the Family Homeless Prevention and Assistance Program along with federally funded programs within the CoC grant inventory. As for the households without dependent children that are unsheltered, the 2009 point-in-time count shows an increase in both households and number of persons since the 2007 count. Factors that may have resulted in this increase may have to do with projects serving households with children before serving the households without children. When surveying the unsheltered homeless, we find there continues to be many more households without children. This is repetitive throughout all of the unsheltered surveys the Central MN CoC has conducted. If a household has children and is in need of housing, they are more willing to find help as soon as possible and there are many more programs out there for them due to the fact that they have children.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

Center City Housing Corp. is developing River Crest Apartments in St. Cloud, Minnesota. This project started development in September of 2009. River Crest Apartments will have 40 beds for households without children and out of the 40 beds, 5 beds will be set aside for chronically homeless individuals. The Central MN CoC has selected this project to submit an Exhibit 2 through the Continuum of Care Competition. These five beds will partially make up for the six chronically homeless beds we have lost from the Sarah's Place project. If the River Crest Project is not funded through the Exhibit 1, the CoC will make a strong effort to select new projects for the 2010 competition that will increase the chronically homeless bed coverage in Central MN.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The Central MN CoC understands that ending chronic homelessness is a HUD priority. Knowing that, ending chronic homelessness is also a priority of the Central MN CoC. Over the next ten years, the CoC's long-term plan is to select new projects based on this priority to create new permanent housing beds for chronically homeless individuals.

How many permanent housing beds do you currently have in place for chronically homeless persons? 19

How many permanent housing beds do you plan to create in the next 12-months? 24

How many permanent housing beds do you plan to create in the next 5-years? 29

How many permanent housing beds do you plan to create in the next 10-years? 34

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Central MN CoC has successfully performed HUD's goal of increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. This performance level is expected to be maintained by continuing to seek out additional funding for programs as well as leveraging dollars. All clients will be given incentives to continue with their program to successfully achieve permanent housing on their own. Reaching the threshold of 77 percent is an excellent accomplishment and the Central MN CoC will do everything in its power to carry on in this effort.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Central MN CoC reviews all Annual Progress Reports (APR's) before they are submitted to HUD. This is done to save the APR from errors. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals and place that data in an APR Review and Evaluation Template. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps and therefore can act on them. Technical assistance is also provided to housing agencies that are struggling with retaining tenants. All projects that are under the CoC umbrella, understand the importance of meeting and exceeding HUD's goals.

What percentage of homeless persons in permanent housing have remained for at least six months? 77

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 78

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Central MN CoC has successfully met and exceeded HUD's goal of increasing the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. This performance level is expected to be maintained by continuing to seek out additional funding for programs as well as leveraging dollars. All clients will be given incentives to continue with their program to successfully achieve permanent housing on their own. Reaching and exceeding the threshold of 65 percent is an excellent accomplishment and the Central MN CoC will do everything in its power to carry on in this effort.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Central MN CoC reviews all Annual Progress Reports (APR's) before they are submitted to HUD. This is done to save the APR from errors. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals and place that data in an APR Review and Evaluation Template. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps and therefore can act on them. The St. Cloud Housing and Redevelopment Authority (HRA) is an active member of the CoC and oversees many subsidy programs. The St. Cloud HRA works closely with homeless housing and service providers to assist participants in accessing rental subsidies. All projects that are under the CoC umbrella, understand the importance of meeting and exceeding HUD's goals.

What percentage of homeless persons in transitional housing have moved to permanent housing? 70

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 71

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 71

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 71

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Central MN CoC has reached and surpassed the goal of increasing the percentage of persons employed at program exit to at least 20 percent. In this harsh economic time, the Central MN CoC takes a lot of pride in reaching and exceeding this goal.

All projects under the CoC understand that employment income is ideal for a client to obtain permanent housing on their own as well as to re-establish their place in their community. The CoC will maintain and continue to exceed this threshold by utilizing workforce centers, and providing case management services which can include job search, and resume building. All persons will have access to employment services and will have the opportunity to take advantage of them. Goal number five of the Ten-Year Plan to End Homelessness is to build capacity for self support, and an action step under that goal is to work with area service providers and employers to connect at risk population with education and employment.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Central MN CoC reviews all Annual Progress Reports (APR's) before they are submitted to HUD. This is done to save the APR from errors. After the APR is submitted to HUD, the final APR is also sent to the CoC coordinator who will then calculate all of the data under HUD's goals and place that data in an APR Review and Evaluation Template. By keeping track of APR's in this manner, the CoC is able to notice where there may be gaps and therefore can act on them. The CoC works very closely with the local workforce centers and by doing this, the CoC should be able to meet and exceed this objective long-term. All projects that are under the CoC umbrella, understand the importance of meeting and exceeding HUD's goals.

What percentage of persons are employed at program exit? 28

In 12-months, what percentage of persons will be employed at program exit? 30

In 5-years, what percentage of persons will be employed at program exit? 30

In 10-years, what percentage of persons will be employed at program exit? 30

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Because ending homelessness among households with children is a HUD priority, the Central MN CoC has adopted this priority as well. Central MN's Ten-Year Plan to End Homeless addresses the issue of homeless families with children as well as youth who are on their own. The Central MN CoC region is now covered by the Housing Prevention and Rapid Re-Housing stimulus funding, which will serve many households with children. Central MN service providers received approximately \$2,575,000 through this funding opportunity. The Central MN CoC also has submitted all renewal projects through this Exhibit 1 competition, which serve, for the most part, households with children. The Central MN CoC would also like to fund one new project, the Cass County Permanent Supportive Housing project, which will serve homeless households with children. All projects have the overall goal of providing services to assist households with children into permanent housing successfully.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

When new projects make their proposal to the Central MN CoC, part of their ranking will be based on if their project will serve homeless households with children. By increasing supportive services for this population, the Central MN CoC will succeed in decreasing the number of homeless households with children.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	72
In 12-months, what will be the total number of homeless households with children?	65
In 5-years, what will be the total number of homeless households with children?	55
In 10-years, what will be the total number of homeless households with children?	35

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

The Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. Discharge plans must include housing and employment options and the assigned county case manager is to work closely with the youth and foster provider to implement all discharge plans. Foster care youth may petition to stay in foster care until age 21. State wards stay in foster care until age 21. Disabled youth may continue to receive social services including housing after age 18 through adult disability services in each county. The Central MN Region also utilizes the Healthy Transitions model to help individuals transition to adulthood. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of state and local resources. The Central MN CoC is the planning and implementation group for Heading Home Central Minnesota's 10-Year Plan To End Homelessness. The 10-Year Plan's first goal in the implementation process is to prevent homelessness and the first action step is to improve discharge policies. The CoC/Heading Home Central MN plans to use state and private resources to increase the number of permanent and transitional housing for youth leaving foster care.

Health Care:

Local hospitals work with county social services to provide housing and support to people who are homeless and who may use the emergency room or be hospitalized. The Central MN Region is also implementing Community Behavioral Health Hospitals, which are 16 beds for persons with mental illness. The local hospitals work together to create similar discharge materials, resources, and policies. The Central MN CoC, through Heading Home Central MN's Ten-Year Plan to End Homelessness, is monitoring health care discharge and is using state and private resources to increase the number of affordable housing units in the Central MN region.

Mental Health:

No person committed to a state regional treatment center is discharged as homeless. All persons committed to any of the state regional treatment facilities are assigned a mental health case manager through the county that pursued the commitment. Discharge planning begins while the commitment process is still occurring. Housing after discharge is part of the treatment plan. Housing financed by HUD McKinney-Vento dollars is not used for people leaving state regional treatment facilities. The State of Minnesota is primarily responsible for the care of individuals within publicly funded institutions and does not use McKinney-Vento funds to assist such persons in lieu of State and local resources. The Central MN CoC/Heading Home Central MN's Ten Year Plan to End Homelessness has representatives from the local county mental health units who are developing housing options for persons with mental illness released from state facilities using state and private resources. Such housing options include adult foster care, shared living arrangements, and state rental subsidies.

Corrections:

The Central Minnesota Re-Entry Project (CMNRP) is a 501(c)(3) non-profit organization, which was developed in 2005. The mission of CMNRP is to create safer communities by providing ex-offenders the opportunity to transform their lives through mentoring, resources, and community partnerships. CMNRP links returning offenders to people and organizations that provide jobs, housing, and volunteer mentoring in 14 counties in central Minnesota. CMNRP offers ex-offenders the opportunity to participate in a mentoring program at least 120 days prior to their release from prison or jail. CMNRP assesses the likely barriers to successful re-entry and connects the participants to appropriate services to address those barriers. CMNRP programs are based on four core principles: People can and do change; all people have value and deserve respect; and everyone receives judgment-free service. CMNRP's work is relationship-based, person-centered, and responsive to the needs of the individual. The CMNRP is represented in the Central MN CoC as well as Heading Home Central MN's Ten Year Plan to End Homelessness.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

- 1) Create suitable living environments
- 2) Provide decent affordable housing
- 3) Create economic opportunities

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The Central MN CoC played a large role in persuading organizations to applying for the Homeless Prevention and Rapid Re-Housing (HPRP) funding through the balance of state funds, which were just about \$10 million. The Central MN CoC region was successful in obtaining \$2,575,000 of that funding. Five single-organization applications were funded throughout the region and one collaborative application, which serves St. Cloud and surrounding areas, was funded. All 14 counties plus the city of St. Cloud will be covered with this funding. Central MN Housing Partnership (CMHP) as the Central MN CoC lead agency, was able to provide technical assistance to the collaborative application, serving St. Cloud and the surrounding areas, and assist them in coordination as well as writing the application. This collaborative application was awarded \$1,100,000. After the collaboration was funded, CMHP set up the Central MN HPRP Advisory Group, which meets monthly. So far, the collaborative applicants and CMHP sit on this Advisory Group. It is expected that all five organizations that were funded throughout Central MN as well as the collaborative will meet six months into the project to discuss best practices, barriers, etc. The Advisory Group will also report to the Central CoC Advisory Group on a monthly basis. Extra stimulus TANF funds for families will be used in coordination with HPRP funding as well as Family Homeless Prevention state funding.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The Central MN CoC lead agency, Central MN Housing Partnership, is administering the local Neighborhood Stabilization Program (NSP) initiative in the cities of Isanti, Zimmerman, Monticello, Otsego, and Buffalo. This program will offer a variety of down payment assistance and rehabilitation financing products to assist eligible buyers into buying foreclosed homes. The St. Cloud Housing and Redevelopment Authority (HRA), an active Central MN CoC member, is administering NSP dollars in the St. Cloud area, which includes target areas in the cities of Becker, Foley, Rice, Sauk Rapids, St. Cloud, St. Joseph, and Waite Park. Through the St. Cloud HRA, eligible buyers can receive a "buyers incentive" of \$14,000 that can be used to pay closing costs, the required down payment, or to reduce the principle amount of the loan. The cities of Big Lake, Elk River, and Princeton all have NSP funding as well and those funds are administered by the city. In addition to NSP funding, the St. Cloud HRA has also been awarded 35 HUD Veteran Administration Supportive Housing (VASH) rental subsidies working with the St. Cloud Veteran's Administration. Both NSP and HUD VASH are coordinated with the Central MN CoC by providing perfect attendance at CoC meetings, giving updates on programs, and playing a role in 10-Year Plan Coordination with other 10-Year Plan Coordinators throughout the state. Many referrals are made using the Central MN CoC distribution email list.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	35	Beds	0	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	73	%	77	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	50	%	70	%
Increase percentage of homeless persons employed at exit to at least 19%	30	%	28	%
Decrease the number of homeless households with children.	280	Households	72	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The Central MN CoC unfortunately did not receive any funding from the 2008 Exhibit One to fund new permanent housing beds for the chronically homeless. Therefore, we did not achieve our goal of increasing the current beds for the chronically homeless by 35 beds. For the 2009 Exhibit One competition, we are hopeful in getting the River Crest Apartments funded, which will increase the chronically homeless bed coverage by five beds. Even though the CoC met and surpassed the HUD goal of increasing the percentage of homeless persons employed at exit to at least 20 percent. We did not meet our proposed 12-month achievement, which was 30 percent. Because of the current economic times, employment is an obstacle in itself.

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoC's progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	79	5
2008	69	13
2009	102	19

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development					
Operations					
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

The number of chronically homeless persons has increased significantly. The Central MN CoC is seeing many homeless persons become repeat homeless persons over and over again. This can be due to the current economic situation as well as not having enough inventory of chronically homeless beds in the Central MN Region. Previous housing inventory charts showed the Sarah's Place project had 5 chronically homeless beds. Those 5 beds are no longer set aside for the chronically homeless so our bed numbers did decrease.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	40
b. Number of participants who did not leave the project(s)	84
c. Number of participants who exited after staying 6 months or longer	28
d. Number of participants who did not exit after staying 6 months or longer	68
e. Number of participants who did not exit and were enrolled for less than 6 months	16
TOTAL PH (%)	77

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	115
b. Number of participants who moved to PH	81
TOTAL TH (%)	70

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 155

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	13	8	%
SSDI	11	7	%
Social Security	2	1	%
General Public Assistance	12	8	%
TANF	46	30	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	44	28	%
Unemployment Benefits	5	3	%
Veterans Health Care	0	0	%
Medicaid	75	48	%
Food Stamps	90	58	%
Other (Please specify below)	49	32	%
Child Support, Tribal, WIC and Section 8			
No Financial Resources	17	11	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR No
should have been submitted?**

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

Every grantee must submit their APR to a review committee before it is submitted to HUD. Every grantee must do a project update to all committee members that includes their performance numbers.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

November 4, 2008; December 2, 2008; January 6, 2009; February 3, 2009; March 3, 2009; April 7, 2009; May 5, 2009; June 2, 2009; July 7, 2009; August 4, 2009; September 1, 2009; October 6, 2009; November 3, 2009

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Provider Staff

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Disability, social security, medical assistance, general assistance, and veterans assistance.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

January 22, 2008; March 19, 2008; November 18, 2008; January 21, 2009;
June 8, 2009; June 24, 2009

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Current participation or potential eligibility for mainstream programs is identified during intake. Clients are assisted in filling out application forms for potential programs during initial meeting. Interpreters are provided for non-English speaking clients. Case management staff explains programs and will obtain release of information, which will allow direct communication between mainstream program eligibility workers and the case managers. Case managers act as advocates by training clients, as needed, to advocate effectively for their own needs.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
TANF, Medicaid, food support, general/emergency assistance, MN Care	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Staff ensure all intake forms are completed by clients as well as signed releases of information. Staff also ensures there is communication between mainstream providers and the homeless programs.	

Part B - Page 1

State Agencies and Departments or Other Applicants for Projects Located in Unincorporated Areas or Areas Otherwise Not Covered in Part A

1. Does your state, either in its planning and zoning enabling legislation or in any other legislation, require localities regulating development have a comprehensive plan with a "housing element?" If you select No, skip to question 4.	Yes
2. Does your state require that a local jurisdiction's comprehensive plan estimate current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate, and middle income families, for at least the next five years?	Yes
3. Does your state's zoning enabling legislation require that a local jurisdiction's zoning ordinance have a) sufficient land use and density categories (multifamily housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped in these categories, that can permit the building of affordable housing that addresses the needs identified in the comprehensive plan?	Yes
4. Does your state have an agency or office that includes a specific mission to determine whether local governments have policies or procedures that are raising costs or otherwise discouraging affordable housing?	Yes
5. Does your state have a legal or administrative requirement that local governments undertake periodic self-evaluation of regulations and processes to assess their impact upon housing affordability address these barriers to affordability?	Yes
6. Does your state have a technical assistance or education program for local jurisdictions that includes assisting them in identifying regulatory barriers and in recommending strategies to local governments for their removal?	Yes
7. Does your state have specific enabling legislation for local impact fees? If No, skip to question 9.	Yes
8. If you responded Yes to question 7, does the state statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus) and a method for fee calculation?	Yes
9. Does your state provide significant financial assistance to local governments for housing, community development and/or transportation that includes funding prioritization or linking funding on the basis of local regulatory barrier removal activities?	Yes

Part B - Page 2

<p>10. Does your state have a mandatory state-wide building code that a) does not permit local technical amendments and b) uses a recent version (i.e. published within the last five years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI) the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification? Alternatively, if the state has made significant technical amendment to the model code, can the state supply supporting data that the amendments do not negatively impact affordability?</p>	Yes
<p>11. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings? Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: "Smart Codes in Your Community: A Guide to Building Rehabilitation Codes" at http://www.huduser.org/publications/destech/smartcodes.html.</p>	Yes
<p>12. Within the past five years has your state made any changes to its own processes or requirements to streamline or consolidate the state's own approval processes involving permits for water or wastewater, environmental review, or other State-administered permits or programs involving housing development. If yes, briefly describe.</p>	No
<p>13. Within the past five years, has your state (i.e., Governor, legislature, planning department) directly or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or panels to review state or local rules, regulations, development standards, and processes to assess their impact on the supply of affordable housing?</p>	Yes
<p>14. Within the past five years, has the state initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the states Consolidated Plan submitted to HUD? If yes, briefly describe.</p>	No
<p>15. Has the state undertaken any other actions regarding local jurisdiction's regulation of housing development including permitting, land use, building or subdivision regulations, or other related administrative procedures? If yes, briefly list these actions.</p>	Yes
<p>Permits for rental units, percentage of new developments</p>	

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Cass County Perma...	2009-11-10 15:35:...	2 Years	Bi-County Communi..	67,760	New Project	SHP	PH	F2
Volunteers of Ame...	2009-11-11 17:36:...	1 Year	Volunteers of Ame...	103,477	Renewal Project	SHP	SH	F
Cass County Scatt...	2009-11-10 15:42:...	1 Year	Bi-County Communi..	65,848	Renewal Project	SHP	TH	F
Belle Haven Town ...	2009-11-13 14:01:...	1 Year	Rum River Health ...	50,250	Renewal Project	SHP	SSO	F
Scattered Site Le...	2009-11-13 13:57:...	2 Years	L.I.F.E. In Recovery	65,268	New Project	SHP	PH	F3
New Pathways' Int...	2009-11-06 16:01:...	1 Year	New Pathways, Inc.	105,265	Renewal Project	SHP	SSO	F
River Crest Apart...	2009-11-11 09:40:...	3 Years	center city housing	106,552	New Project	SHP	PH	P1
Shelter Plus Care...	2009-11-09 10:41:...	1 Year	Housing and Redev...	69,288	Renewal Project	S+C	TRA	U
HMIS Central	2009-11-11 10:38:...	1 Year	Amherst H. Wilder...	18,000	Renewal Project	SHP	HMIS	F
New Pathways' Int...	2009-11-06 15:57:...	1 Year	New Pathways, Inc.	89,292	Renewal Project	SHP	SSO	F
Central Minnesota. ..	2009-11-03 14:40:...	1 Year	The Salvation Army	145,149	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-09 10:39:...	1 Year	Housing and Redev...	97,392	Renewal Project	S+C	TRA	U

Budget Summary

FPRN	\$710,309
Permanent Housing Bonus	\$106,552
SPC Renewal	\$166,680
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate of Co...	11/13/2009

Attachment Details

Document Description: Certificate of Consistency with the Consolidated Plan